

Suffield CARES
1256 Waterloo Road
Mogadore, Ohio 44260
330-628-9240/330-628-3430

Mrs. Shawn Bookman
Mr. Dave Duma



Chief Bob Rasnick
Mr. Brian Keller

The Suffield CARES mission is to provide for short-term emergency assistance to the residents of the Suffield Township community in order to lend a helping hand. It is headed by the executive board of the Suffield CARES committee.

All donations made to Suffield CARES will only be used to support short-term emergency needs for residents of Suffield on an application basis. All transactions of the Suffield CARES are solely up to the executive committee and based on the following criteria:

- Applicants must complete an application to prove the critical need. Applications may be obtained at the Suffield Fire Station or Suffield Elementary School.
- Need must be a short-term emergency need such as shut off notice from the electric/gas company, eviction notice, or medical emergency.
- Applicants must accept a member of the executive committee to their home to discuss the need and pick up the application.
- Once the need is determined to meet the named criteria, the committee will determine the amount which will be given to the applicant. (Based on the current budget and need)
- When a check is issued from Suffield CARES, it must contain the signatures of two executive committee members and be written directly to the company/organization to which the debt is owed. No checks will be issued to the individual applicant.
- Applicants may only receive assistance one time per calendar year.

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Date _____ SS# _____ - _____ - _____

Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Description of short-term emergency need:

Reason for need:

If emergency assistance is granted, to whom should the funds be sent:

Name of company _____

Address _____

City _____ State _____ Zip _____

Account Number _____

____ Approved: Check # _____

____ Not Approved (Reason _____)

Signature of executive members:

1) _____

2) _____